

## Electronic Patent Application Fee Transmittal

<b>Application Number:</b>	09545691			
<b>Filing Date:</b>	07-Apr-2000			
<b>Title of Invention:</b>	RF mixer with inductive degeneration			
<b>First Named Inventor/Applicant Name:</b>	Barrie Gilbert			
<b>Filer:</b>	Joseph S. Makuch/Lisa Riley			
<b>Attorney Docket Number:</b>	1482-132			
Filed as Large Entity				
<b>Utility under 35 USC 111(a) Filing Fees</b>				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Basic Filing:</b>				
<b>Pages:</b>				
<b>Claims:</b>				
<b>Miscellaneous-Filing:</b>				
<b>Petition:</b>		Adjustment date: 09/24/2009 CKHLOK 08/06/2009 INTERSW 00000024 09545691 02 FC:1255 -2350.00 OP		
Petition-revive unintent. abandoned appl	1453	1	1620	1620
		Refund Ref: 09/24/2009 0030074788 -----		
<b>Patent-Appeals-and-Interference:</b>		Credit Card Refund Total: \$2350.00		
<b>Post-Allowance-and-Post-Issuance:</b>		VISA....: XXXXXXXXXXXX4872		
<b>Extension-of-Time:</b>				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension - 5 months with \$0 paid	1255	1	2350	2350
Miscellaneous:				
Total in USD (\$)				3970

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>09/545,691</u>		2 Serial/Patent # <u>09/545,691</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
<input checked="" type="checkbox"/>	Extension of Time			\$ <u>2,350</u>						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>2350</u>						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
<u>E.O.T. Paid after maximum extendable time period.</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Kimberly Inabinet</u>		TITLE: <u>Petitions Examiner</u>								
SIGNATURE: <u>Kimberly Inabinet</u>		PHONE: <u>x24618</u>								
OFFICE: <u>Office of Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>UKHOK</u>		DATE: <u>9/24/09</u>								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**